VERMONT
DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH UPDATE
October 8, 2008

Pieces Of History In Vermont Mental Health

The "Pieces of History" series in the Mental Health Update describes key events and significant policy milestones in the evolving Mental Health Systems of Care; thus, connecting our past to the present.

1958 "United Counseling Service has served thousands of children, adults, and families and has helped persons from all economic strata to build a better foundation for their future filled with personal strength and dignity", stated a joint resolution of the 2008 Vermont General Assembly honoring the agency's 50th anniversary. In 1955, the Bennington County Mental Health Association established a clinic, sharing space with the Bennington Family Service Center to offer child guidance and outpatient counseling services. The two organizations merged in 1958. Early records document the small mental health clinic asking clients to pay 50 cents per visit, a fee to establish value perception on the belief that people would be more likely to accept their doctors' referral to United Counseling Service if it was not seen as a "charity case." Help was not to be denied to anyone who could not afford it. From an original staff of six and a budget of thirteen thousand dollars, United Counseling Service has grown to a staff of 300 and an annual operating budget of over 12 million dollars. Consistent with its 50-year tradition of providing high quality and cost effective community-based services, United Counseling Service continues to deliver mental health and substance abuse programs, specialized children's services, and developmental services focused on client involvement, health and safety, and treatment outcomes for all of Bennington County.

ADULT MENTAL HEALTH

Vermont Receives Over $2 Million to Support At-Risk Veterans

The Substance Abuse and Mental Health Administration (SAMHSA) has awarded the Department of Mental Health (DMH) a five year, $2.1 million grant to create an infrastructure project to serve veterans of all conflicts who have trauma-spectrum illnesses and who are also involved, or at risk of becoming involved, with the criminal justice system.

"Vermont's veterans, who have so selflessly protected the liberties we all enjoy, deserve the most caring, compassionate services we can provide to them when they are in need," said Governor Jim Douglas. "Vermont has a proud tradition of providing these supports

to our state's veterans, and we are truly pleased that the federal government has recognized the quality of these services through their support of this new initiative."

The grant will support the creation of a statewide intergovernmental initiative intended to address the needs of Vermont veterans and other adults with trauma spectrum-illness who are involved in the criminal justice system through identification, screening and assessment, and diversion from the criminal justice system to evidence-based treatment and support services.

During the project's first three years, DMH will pilot its infrastructure and intervention model in Chittenden County. It is expected that the pilot will enable the screening of an estimated 14,000 veterans and other adults in the criminal justice system for trauma-related illness and diverting an estimated 300 from detention to evidence-based treatment and supports. In years three through five, the project will progress toward statewide implementation, screening approximately an additional 24,500 adults and diverting roughly 525 to treatment. Over the grant term, about 38,500 adults will be screened and roughly 825 will be diverted to evidence-based care, resulting in increased access to trauma informed services and evidence-based trauma treatment and community supports for these veterans.

"The Agency of Human Services is fully committed to ensuring that veterans and their families have access to comprehensive supports, particularly through our involvement with the Military, Family and Community Network and our promotion of the employment of veterans through our Division for Vocational Rehabilitation," said Cynthia D. LaWare, Secretary of AHS. "This SAMHSA grant to our Department of Mental Health will enable us to leverage existing resources as we continue to help at-risk veterans achieve success and support successful community reintegration."

"This grant will enhance current efforts by DMH, the Department of Corrections, the Alcohol and Drug Abuse Program Division of the Health Department, and the Court Administrator to focus on better interventions for persons involved with or at risk of involvement with the criminal justice system," added DMH Commissioner Michael Hartman. "Together with ongoing efforts by the Veterans Administration and local veterans groups, this grant will help more veterans access valuable services and supports."

DMH and community partners are currently working out the details of a plan to implement these expanded services for veterans.

Department of Mental Health (DMH) Site Visit Team Goes to Northwestern Counseling and Support Services (NCSS) for Program Review and Minimum Standards

A six-person site visit team from DMH went to NCSS in St. Albans on September 23 and 24 for program reviews of Community Rehabilitation and Treatment (CRT), Adult Outpatient Services, and Emergency Services. The site visitors met with agency management and staff in all three programs as well as clients and family members to gather information about what is going well (or not) at the agency. Clinical records were also reviewed for documentation that meets DMH and Medicaid standards. Ted Mable,

NCSS's Executive Director, provided a guided tour of the new building being constructed for Children's Mental Health and Developmental Services across the road from the agency's current headquarters. Specific findings will be forthcoming soon in reports on each of the programs and the clinical minimum standards.

CHILDREN'S MENTAL HEALTH

Teens of Bennington (T.O.B)

T.O.B. is a youth-led group developed by The United Counseling Service's (UCS) Children and Youth Division to promote positive leadership skills in youth and encourage appropriate and safe activities within the community. T.O.B. is made up of a group of youth who typically live in poverty and who often come from a culture of violence and substance abuse.

The teens work together as a group to organize activities in which they would like to participate such as camping, horseback riding, hiking, rock climbing, shopping, a day at the lake, or hanging out to play pool, ping-pong or bowling. The teens agree on which activities to plan and organizational tasks such as making fliers, making reservations, or facilitating tournaments are delegated to individuals in the group. T.O.B. also acts as an advisory group to agency staff regarding programming for youth, and plans fund raising events to support its activities. During this past summer, the group held a tag sale which raised over $450.

There is small group of eight to ten teens who comprise the T.O.B. core group. Once a week, the core T.O.B. members meet to discuss future activities. The core group has skills that often place them as leaders in their social groups. This is a way to encourage them to utilize their energy and strengths to become positive leaders and productive members of their community and peer groups. The core group acts as a governing body, with officers such as President and Vice President, and has designated individuals with responsibility for the group's different activity divisions such as sports, arts and community relations. One member of the core group described its purpose as" "to keep us out of trouble". The core group is encouraged to do outreach to other teens and community members.

The T.O.B. group has opportunities to not only promote positive peer interactions among its own age cohort but also to act as mentors to preadolescents and elementary age students; by facilitating camping programs, cooking programs, and holding special events for them on holidays like Halloween and Easter.

FUTURES PROJECT

Care Management Project Update

Project consultants will meet with the Care Management Steering Committee next week to present and discuss a draft outline of the report on the project deliverables. Review of the outline with the committee at this stage of the process will provide stakeholders with the opportunity to offer feedback and guidance from the field. Review of deliverables

and the timetable for drafting sections of the report are also on the agenda. The meeting is in Burlington at 108 Cherry Street (Room 2B) from 9:00 to 11:00 on October 14th.

Looking ahead at upcoming program visits and meetings, the consultants will talk with staff of the 2-bed Bay View crisis stabilization program in St. Albans and the Brattleboro Retreat. They also will meet with the Adult State Program Standing Committee in early November. Contact Judy Rosenstreich jrosen@vdh.state.vt.us or 802-652-2023.

Residential Providers Network

At the heart of the Care Management project is a delineation of the levels of inpatient, crisis stabilization, and residential care in our system. To help the consultants learn about the residential continuum, DMH is organizing a meeting of residential providers. The meeting will be on November 3rd in Waterbury at the Skylight conference room from 12:30 to 3:30 p.m. The discussion will include programmatic characteristics of residential services, including the similarities and differences among residential programs, the clients they serve and length of stay; admission and discharge criteria; and staffing, treatment, and other features that define this level of care. Judy Rosenstreich jrosen@vdh.state.vt.us or 802-652-2023

VERMONT INTEGRATED SERVICES INITIATIVE (VISI)

Third Annual Peer Conference on Co-occurring Conditions Well Attended

On September 26, the third annual Peer Conference titled *Walk a Mile in My Shoes: Bridging Peer Supports and Treatment Services* was held for a full audience. In attendance were 145 peer and provider participants welcomed by AHS Secretary Cindy LaWare. Mary Ellen Copeland, creator of the Wellness Recovery Action Plan gave the keynote presentation and Alice Diorio of the Harm Reduction Coalition gave the plenary speech. Michael Hartman and Barbara Cimaglio met with peers and providers to discuss peer involvement in a co-occurring capable and recovery oriented system of care. Workshops included Ethics and Boundaries for Peer Services, Motivational Interviewing Skills, Wellness Recovery Action Plan, Peer Group Facilitation Skills, Self-Care, Finding Solutions, and Conflict Resolution: Nonviolent Communication.

PUBLIC INPUT SOUGHT ON DRAFT POLICY:
Department of Mental Health (DMH) and the Alcohol and Drug Abuse Programs' (ADAP) Joint Policy Expectation on Screening.

Please let us know your thoughts and comments by e-mailing **pdragon@vdh.state.vt.us**

Background

This is the first in a series of policy memoranda that will be issued jointly by ADAP and DMH in support of the implementation of the AHS Policy on the implementation of a Co-occurring Capable System of Care for individuals and families with co-occurring mental health and substance use conditions in the state of Vermont. This memorandum and the subsequent ones are intended to provide consistent policy direction to providers, clinicians, and consumers and families about all aspects of clinical practice that relate to co-occurring capability. Further, these memoranda are intended to be a vehicle by which ADAP and DMH can communicate to the field in an "integrated" manner, to demonstrate that we are all moving together, in partnership, to achieve a common vision.

These policy memoranda are informed by the activities of the Vermont Integrated Services Initiative, and specifically by the VISI Clinical Practices Committee. It is the intention of DMH and ADAP that this policy memorandum is carefully reviewed by a wide array of stakeholder representatives in an organized process that includes the VISI Clinical Practices Committee, the 26 VISI Change Teams, and the VISI Forum. Through these guidelines we hope to affect front line clinical best practice and match it to the needs and desires of consumers and families working toward recovery.

This policy memorandum addresses welcoming access and integrated screening, since these are critical elements of a system with "no wrong door" for people with complex needs. Subsequent memoranda will address integrated assessment, treatment planning, recovery planning, stage matched interventions, skill based interventions, peer support and other topics.

DRAFT JOINT POLICY RECOMMENDATION

All programs funded or licensed by DMH and/or ADAP are expected to meet the following standards:

- **Welcoming:** There will be policies, procedures, and staff competencies developed to ensure that individuals and families with co-occurring conditions and other complex needs are proactively welcomed for care wherever and whenever they present. Each program will engage in continuous quality improvement activities to make progress in welcoming.

- **Access:** All programs within their capacity, scope of worked and funding limitations will engage in a process to reduce and eventually eliminate any barriers to access based on arbitrary criteria related to co-occurring mental health and substance use conditions. (Examples of these types of barriers include but are not limited to: In a Mental Health program, requiring a certain length of sobriety before evaluation; In an substance use program, exclusions based on category of medication or psychiatric diagnosis).

- **Screening Process:** All programs are expected to have an organized process for integrated screening for all clients. The components of this process are defined by the Users Guide developed by the VISI Clinical Practices Committee**.** The components include a definition of screening, a description of the process and outcome of screening, and a list of vetted tools that can be appropriately used for screening various populations in various settings. Based upon the User's Guide, we want to emphasize the following points:

    1. Screening is more than simply filling out a tool. Programs should demonstrate a screening process.
    2. The measurable outcomes of a screening process include the ability to collect data concerning how many clients and families have been positively screened, and whether they received an appropriate clinical assessment or intervention as a result.

3. Filling out a screening tool is NOT necessary if it is already well established that the client has a co-occurring disorder.
4. There is no one standard tool that is advisable or recommended for the entire state. Each program should use the tool or tools that fit the needs of that program
5. For those programs that are required by ADAP to use the GAIN or ASI, those tools alone can qualify as integrated screeners. However, it is encouraged that programs using the ASI consider using more detailed screening tools such as the Mental Health Screening Form III.
6. DMH and ADAP will continue to work on mechanisms to reduce redundant paperwork for Community Mental Health agencies and Preferred Providers.

Conclusion:
We welcome all providers and stakeholders to join us in a continuing partnership to improve the quality of our services for individuals and families with co-occurring conditions.

VISI Resources
Please check out the VISI website at http://healthvermont.gov/mh/visi/

The VISI Resource Book with co-occurring information for consumers is now on the website or you can e-mail or call Patty Breneman at pbrenem@vdh.state.vt.us or 652-2033. They are a great addition to a waiting room or to give as handouts to consumers, peers and family and support people.

VERMONT STATE HOSPITAL

Statement from Department of Mental Health Commissioner Michael Hartman on Centers for Medicare and Medicaid Services (CMS) Decision Regarding Certification of Vermont State Hospital

We all know that Vermont State Hospital has faced its share of challenges in the past few years as the State, legislators, advocates, mental health clients and other stakeholders have worked to rethink, reform and revitalize Vermont's system of mental health care to best serve our state's most severely mentally ill.

The good news is we have made significant progress in our concerted efforts to improve care, treatment and recovery services at VSH. This spring, we were pleased to report that VSH was found to be compliant with several key provisions of an agreement made in 2006 between the US Department of Justice and the State, including marked improvements in protection of patients from harm, the quality improvement of patient care, the environmental conditions and building safety of the hospital, and mental health assessments.

Just last month, VSH was extremely pleased to receive The Joint Commission's coveted Gold Seal of Approval for demonstrating compliance with the Commission's national standards for health care quality and safety. The Joint Commission is an independent,

not-for-profit organization which accredits and certifies more than 15,000 health care organizations and programs in the United States. It is recognized nationwide as a symbol of quality that reflects an organization's commitment to certain performance standards.

Today, I would like to share with you some news regarding an initial certification survey of Vermont State Hospital (VSH) by CMS-contracted nurse surveyor staff from the Department of Disabilities, Aging and Independent Living's Division of Licensing and Protection, and the Centers for Medicare and Medicaid Services (CMS) Boston Regional Office.

The surveyors reported that VSH was out of compliance with certain standards related primarily to three CMS Conditions of Participation for Hospitals, regarding Patient Rights, Medical Record Services, and Organ, Tissue and Eye Procurement. Based on the findings of this survey, which took place September 15-18, the surveyors have recommended that CMS not certify VSH at this time. As a result of these findings, CMS has denied VSH's request for participation in the Medicare program.

Needless to say, this is very disappointing news, in light of the tremendous progress that VSH has made in recent months to consistently, comprehensively and compassionately improve the hospital's system of care for Vermont's most acutely mentally ill.

We welcome the opportunity these findings present as we continue to improve the hospital's services for our clients. We do, however, have significant disagreement with some of the findings, and will be engaging in the formal process of reconsideration as defined in federal regulation regarding CMS decisions. Meanwhile, we will continue to make improvements in our policies and the physical plant as deemed necessary and appropriate as a result of our understanding of this review.

We have made significant progress over the last few years at VSH. This CMS survey represents a final hurdle which we have every confidence we will overcome, and we remain committed to ensuring that Vermonters with severe mental illness receive the highest quality care, treatment and recovery services.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 46 as of midnight Tuesday. The average census for the past 45 days was 46.